MALI : IPC Acute Malnutrition Snapshot | June 2022 - May 2023

IPC Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

Published on November 28, 2022

Acute Malnutrition | June 2022 - May 2023

1.5M

Nearly 1.5 million children under the age of five in the Republic of Mail will likely suffer from acute malnutrition between June 2022 – May 2023 and are in need of treatment.

11,900

Over 11,900 pregnant or lactating women are likely acutely malnourished and in need of treatment.

Overview of Acute Malnutrition

It is projected that nearly 1.5 million children under the age of five are expected to suffer from acute malnutrition from June 2022 – May 2023. This is 19% higher than the cases forecasted in 2021. This figure includes 367,000 cases of Severe Acute Malnutrition (SAM) - an increase of 16% compared to last year's estimate. Between June and October 2022, malnutrition levels were in IPC AMN Phase 4 (Critical) in five areas: Gao, Andermboukane and Tidermene (in the Ménéaka region) and those of Baroueli and Tominian (in the Ségou region) as well as the IDPs of Bamako and Mopti. 28 areas are in IPC AMN Phase 3 (Serious) and they include all the areas in the regions of Kayes, Mopti, Gao, Timbuktu, Taoudénit, two areas in the region of Ménaka and three areas in the region of Ségou. In IPC AMN Phase 2 (Alert) there are 26 areas including the all the areas in the regions of Koulikoro, Sikasso and Kidal, all the communes in the district of Bamako, one area in Ménaka, four areas in Ségou and the IDPs in Gao.

Between November 2022 and May 2023, the five areas previously classified as Critical (IPC AMN Phase 4) - Gao, Anderamboukane, Baroueli and Tominian and the IDP sites Bamako and Mopti will likely improve to Serious (IPC AMN Phase 3). However, it is projected that the area of Tidermene could remain in a Critical situation. This will be determined by immediate causes such as insufficient food intake and morbidities.

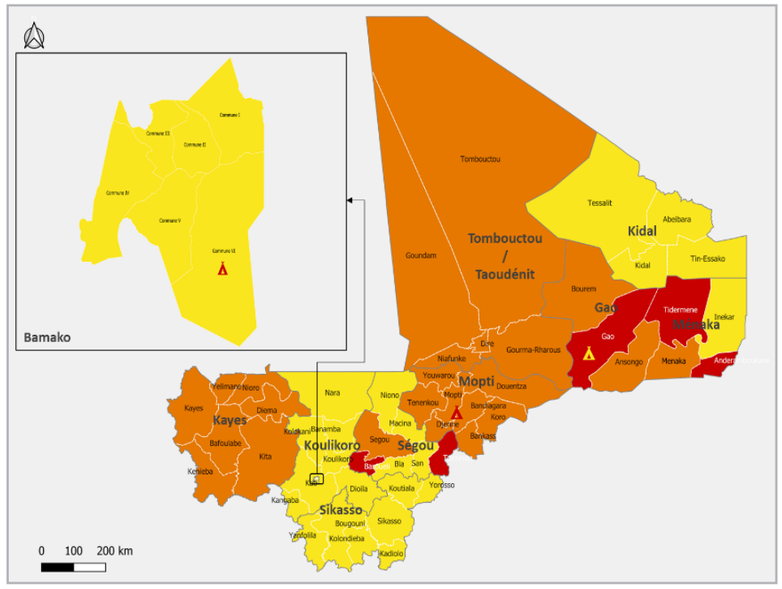
The main contributing factors to the acute malnutrition – primarily in the areas classified in IPC AMN Phase 3 or above – are inadequate food intake by children, both from a qualitative (dietary diversity) and quantitative (frequency of meals) point of view; the food insecurity, especially in the regions of Gao, Timbuktu, as well as for the areas of Anderboukane (Menaka) Bandiagara, Djenné, Douentza and Koro (Mopti). Childhood diseases such as diarrhea, acute respiratory infections (ARI) and malaria as well as non-adapted breastfeeding and care practices play a major role in determining acute malnutrition as well.

Acute Malnutrition Phases and description

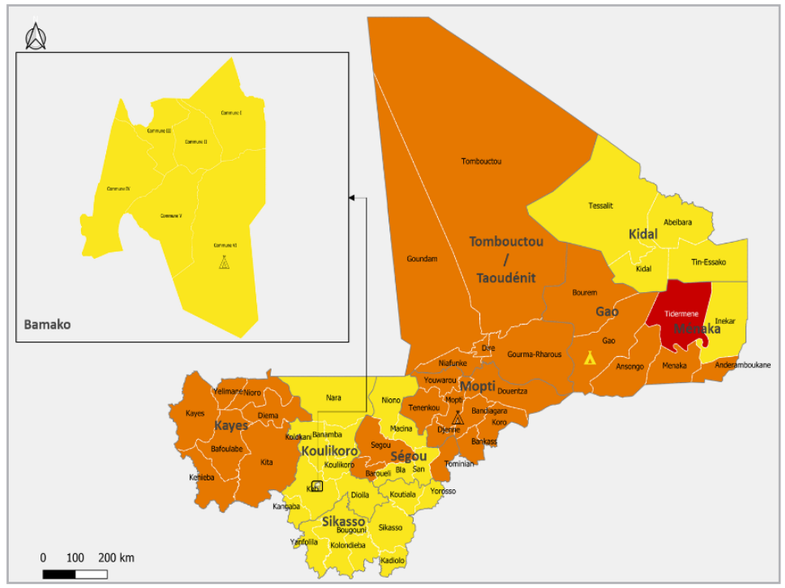
Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

Publication date: November 28, 2022. The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

Current Acute Malnutrition Situation | June - October 2022



Projected Acute Malnutrition Situation | November 2022 - May 2023



Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed
- IDPs/other settlements classification

Evidence Level

*** High

Contributing Factors for Acute Malnutrition

Inadequate food consumption: This is systematically a major driver from both a qualitative (dietary diversity) and quantitative (frequency of meals) point of view.

Food insecurity: In terms of availability and access to food and price of foodstuffs on the markets.

Diseases: Childhood diseases such as diarrhea, acute respiratory infections (ARI) and malaria as well as a high probability of a measles outbreak in the Kayes, Mopti and Timbuktu regions.

Poor childcare practices: Non-adapted breastfeeding and care practices, especially among the youngest children (IYCF), play a major role in driving acute malnutrition, especially breastfeeding practices in the Kayes, Kinshasa and Kinshasa regions.

Insufficient WASH services: Lack of access to sufficient water, improved sanitation facilities and improved drinking water sources are a major key driver of acute malnutrition.

Insufficient health services: Low coverage of the Integrated Management of Childhood Ilnesses programme in all areas in IPC MNA Phase 3 or above, except in Taoudenit, also contributes to the situation.

Recommendations for action

Nutrition response:
Immediately strengthen the coverage and quality of Integrated Management of Childhood Ilnesses to reduce the number of acutely malnourished children and pregnant and lactating women.

Multisectoral programming:
Further strengthen the multisectoral response related to the provision of quality basic social services (WASH, food, health, education, health services, nutrition and social protection) in order to protect vulnerable populations and meet their basic needs.

Treatment for malnutrition:
Implement the simplified approach to the management of acute malnutrition in IDP sites and areas in IPC AMN Phase 4.

Vaccination:
Strengthen vaccination against measles, malaria prevention and case management and the prevention and management of diarrheal diseases

Malaria prevention:
Strengthen malaria prevention through seasonal chemo-prophylaxis (SPC) and case management.

Awareness on best practices:
Strengthen best practices for IYCF (exclusive breastfeeding, dietary diversification, promotion of consumption of local foods rich in micronutrients).